PAGE 1 / 6 —

FEC FORM 1		STATEM ORGANI						Office	· Use On	PAGE	1/6
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typing, to	ype	12FI	E4M5				
Schiff for S	enate		1 1 1 1			1 1	1 1 1	1 1		1 1 1	1 1
ADDRESS (number a	nd street)	611 Pennsylvania Ave Sl	E								
(Check if a is changed	address	#143									
io onangeo	-,	Washington CITY A				DC STATE		20003			
COMMITTEE'S E-MA	AIL ADDRES	S									
(Check if a is changed		schiff@mbacg.com	1								
		Optional Second E-Mai	I Address								
COMMITTEE'S WEB  (Check if a is changed	address	RESS (URL) https://adamschiff.com/									
2. DATE 0°	M / D 1	2023									
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C0034387	1							
4. IS THIS STATEN	MENT	NEW (N) OF	×	AMENDED	) (A)						
certify that I have e	examined this	s Statement and to the I	best of my k	nowledge and I	belief it is	s true, o	correct	and co	omplete.	ı	
Type or Print Name o	of Treasurer	Brengarth, Megan, , ,									
Signature of Treasure	er <i>Brenga</i>	rth, Megan, , ,		[Electronically Fi	<u>led]</u> [	Date	M M	′	26	2	023
NOTE: Submission of	false, erroned	ous, or incomplete informa							nalties o	of 52 U.S	S.C. §3010
Office Use Only				For further inform Federal Election C Toll Free 800-424- Local 202-694-110	mation cor Commissior -9530	ntact:		F	EC F	ORM 06/2012	1

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Schiff, Adam, , ,	
	Candidate Party Affiliation  DEM  Office Sought: House  Senate President	State CA  District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	>).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	
	C	

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٧	Vrite or Type Committ	ttee Name	
	Schiff for	Senate	
6.		nnected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Schiff Leads F	PAC	
	Mailing Address	777 S. Figueroa Street, Suite 4050	
	-		
		Los Angeles	1 90017
		Los Airgeles	90017
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Represent	ative Leadership PAC Sponso
_	Occidential of Decide		
7.	books and records.	ords: Identify by name, address (phone number optional) and position of the person.	1 in possession of committee
	F	Brengarth, Megan, , ,	
	Full Name		
	Marita a Adda a	<sub> </sub> 611 Pennsylvania Ave SE	
	Mailing Address		
		#143	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		1-1 1-1
		Telephone number	
_	Tues a survey 1 is to the		
8.		e name and address (phone number optional) of the treasurer of the committee ent (e.g., assistant treasurer).	, and the name and address of
	Full Name	Brengarth, Megan, , ,	
	of Treasurer		
	Mailing Address	611 Pennsylvania Ave SE	
		<sub>1</sub> #143	
		Washington DC	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

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	Name of signated ent	Begun, Jeremy, , ,	
Mail	ling Address	611 Pennsylvania Ave SE	
		_#143 	
		Washington	20003
Title	e or Position <b>▼</b>	CITY ▲ STATE	▲ ZIP CODE ▲
Ass	sistant Treasur	er Telephone number	
		Depositories: List all banks or other depositories in which the committee deposites or maintains funds.	sits funds, holds accounts, rents
Nam	ne of Bank, D	epository, etc.	
		Charles Schwab	
Maili	ing Address	10866 Wilshire Blvd. Ste. 1600	
		Los Angeles CA	90024
		CITY ▲ STATE	▲ ZIP CODE ▲
Nam	ne of Bank, D	epository, etc.	
		Fidelity Brokerage Services LLC	
Maili	ing Address	100 Crosby Pkwy	
		Covington	41015
		CITY ▲ STATE	▲ ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). <b>Joint Fundraisi</b> n	ng Participant:			
· (9)	1.	. <b>.</b>	FEC ID r	number	C
	2.		_   FEC ID r	number	C
	3.		_ ∣ FECIDr	number	C
			ا FEC ID r		С
	4		] . = 0 .5 .		
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fu	undraising Repre	sentative,	or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY ▲	9	STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundraising F	Representat	Leadership PAC Sponsor
8.		y by name, address (phone number - optional	l)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲	ST	ATE 🔺	ZIP CODE ▲
			Telephone Num	nber	
9.	safety deposit boxes or ma	ories: List all banks or other depositories in whaintains funds.  rnia Bank & Trust	nich the committed	e deposits	funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds.	nich the committee	e deposits	funds, holds accounts, rents
9.	safety deposit boxes or ma	aintains funds.  rnia Bank & Trust	nich the committee	e deposits	funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	rnia Bank & Trust  550 N. Hope Street	nich the committee		
9.	Name of Bank, Depository, etc.	aintains funds.  rnia Bank & Trust		e deposits	funds, holds accounts, rents

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h),

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h). <b>Joint Fundraisin</b>	y Participant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	ve, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		oint Fundraising Represen	tative Leadership PAC S
Connected		oint Fundraising Represen	tative Leadership PAC Sp
Connected esignated Agent: Identify	d Organization Affiliated Committee Jo	oint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify  Full Name	d Organization Affiliated Committee Jo	pint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify  Full Name  Mailing Address	Affiliated Committee Jo		Leadership PAC Sp
esignated Agent: Identify  Full Name	Affiliated Committee Jo		
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	Affiliated Committee Journal of Dyname, address (phone number – optional)  CITY   ries: List all banks or other depositories in white aintains funds.  amated Bank  amated Bank	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	Affiliated Committee Journal of Dyname, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	Affiliated Committee Journal of Dyname, address (phone number – optional)  CITY   ries: List all banks or other depositories in white aintains funds.  amated Bank  amated Bank	STATE A Telephone Number	ZIP CODE A